

SUPPORT CENTER APPLICATION CHECKLIST

2008-09 Academic Year

PLEASE NOTE: Prior to completing any steps on this checklist and application, meet with your campus Support Center Specialist to determine your eligibility. Your Expected Family Contribution, (determination based on FAFSA) must be zero (0)

OR you meet Federal Poverty Guidelines based on annual income and number of dependents.

Please check and attach each item as you complete it.

Signed Application

If you are a first time applicant or you have changed your major, include:

A copy of your **Degree or Certificate Plan** (You can print it out from this website:

<http://www3.austincc.edu/catalog/fy2009/workindx.htm>

From the Financial Aid Office (see Income Information section on page 2 of application), include:

NAIV (if you have received notification of your Financial Aid award for 2008 – 2009)

OR...

SAR (if applied for Financial Aid for 2008 – 2009, but award is unknown)

OR...

Proof of income (if you are not eligible for Financial Aid)

To apply for childcare payment assistance, please include

Proof of parentage for each child.

Examples of proof of parentage: birth-certificate, adoption papers

To request proof of parentage, go to Texas Vital Statistics web:

<http://www.dshs.state.tx.us/vs/reqproc/vsulocations.shtm>

(If unable to provide proof, you must contact your campus Support Center)

**APPLICATION FOR ACC SUPPORT CENTER SERVICES
CONFIDENTIAL**

2008- 2009 Academic Year

Applications are accepted year-round. Students, including those who received assistance during 2007 – 2008, **must submit** a new application prior to **August 1, 2008** to be assured consideration for assistance for the fall 2008 semester. All other eligible applicants will be considered in the order of the date applications are received and as funds become available.

PLEASE PRINT CLEARLY

Student ID#		Date		
Last Name		First Name		MI
Street		Apt. #	City	TX Zip
Hm phone		Wk phone		Cell/pager
e-mail		Major		
Marital Status: Married <input type="radio"/> , Single <input type="radio"/> , # of Dependents _____, Total # in Family _____				

I am requesting:

- Childcare payment assistance
- Customized Support Center Textbook Purchase (based on your eligible classes).

Have you received Support Center services in the last 12 months?

- Childcare payment assistance
- Customized Support Center Textbook Purchase
- Support Center Textbook Collection or other services

Childcare Information: Before applying for childcare payment assistance, you must first apply to the *Work-Source Child Care Solutions*; call them at (512)302-0710.

What is your child(ren)'s status? _____ Waiting List _____ Denied _____ Receiving

Pre-School Children Needing Childcare
(Ages 0-5)

School-Aged Children Needing Childcare
(Ages 5-12)

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SUPPORT CENTER USE ONLY – DO NOT WRITE BELOW LINE

Campus: _____

Date Received: _____

Eligibility Status CURRENT <input type="radio"/> NEW <input type="radio"/>	Household Income	Anticipated Credit Hours		
		Fall 2008	Sp 2009	Sum 2009
LL only <input type="radio"/>	\$ _____	Credits _____	Credits _____	Credits _____
Perkins <input type="radio"/>	EFC \$ _____	CC \$ _____	CC \$ _____	CC \$ _____
Student Life <input type="radio"/>	FPG \$ _____	TB \$ _____	TB \$ _____	TB \$ _____
Success <input type="radio"/>	No. in family _____			

Course Information: I plan to register for _____ credit hours for fall 2008
 I plan to register for _____ credit hours for spring 2009
 I plan to register for _____ credit hours for summer 2009

Income Information:

- If you are **NOT** eligible for Financial Aid indicate the reason for ineligibility:
 - ___ Over income guidelines
 - ___ Over 85 hour rule: attach a copy of your financial aid appeal form.
 - ___ Delinquent/Default
 - ___ Other: _____
- If you are not eligible for Financial Aid as indicated above, you must submit Proof of Income
 - Letter from employer with date of hire, hours worked per week and hourly wage, PLUS
 - Two of your most recent pay stubs

Other Information: Please provide any information that may help us determine financial need: (e.g. I am making more money right now but when school starts I will make...). The more information that we have the better able we are to serve you. Attach additional sheet if necessary.

I understand that Support Center assistance is dependent on:

- ✚ **Active participation each semester**, in developing my individual Plan for Achieving Student Success (PASS) &
- ✚ **Satisfactory progress each semester**, in reaching my educational goals as agreed upon on my PASS form.

I certify that all the information on this application is correct.

Signature: _____ Date: _____

Please return or fax this form to your main campus.

<i>Cypress Creek</i>	<i>Eastview</i>	<i>Northridge</i>	<i>Pinnacle</i>	<i>Riverside</i>	<i>South Austin</i>
Suite 2114	Suite 2136	Suite 1111	Room 238	Suite 8119	Room 1111
1555 Cypress Creek	3401Webberville Rd.	11928 Stonehollow	7748 Hwy. 290 W	1020 Grove Blvd	1820 W Stassney Ln.
Cedar Park, TX 78613	Austin, TX. 78702	Austin, TX. 78758	Austin, TX 78736	Austin, TX. 78741	Austin, TX 78745
512-223-2026	512-223-5214	512-223-4845	512-223-8111	512-223-6026	512-223-9161
Fax: 512-223-2126	Fax: 512-223-5250	Fax: 512-223-4881	Fax: 512-223-8069	Fax: 512-223-6765	Fax: 512-223-9167